

HART COUNTY  
INCIDENT REPORT

DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MI DOB SEX HOME PHONE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

LOCATION OF INCIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

WAS COUNTY EQUIPMENT/VEHICLE INVOLVED: ( ) YES ( ) NO

PROPERTY DAMAGE: ( ) YES ( ) NO IF YES, ATTACH PHOTOS

DESCRIPTION OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS EMPLOYEE SEEN BY PHYSICIAN: ( ) YES ( ) NO IF YES, ATTACH REPORT

DATE AND TIME SEEN: \_\_\_\_\_

PAST HISTORY OF INCIDENTS/INJURIES ON THE JOB: ( ) YES ( ) NO

IF YES, LIST: \_\_\_\_\_

LENGTH OF EMPLOYMENT WITH HART COUNTY: \_\_\_\_\_ PART/FULL TIME

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE COMPLETED BY IMMEDIATE SUPERVISOR  
HISTORY OF JOB INJURIES: ( ) YES ( ) NO BRIEF HISTORY: \_\_\_\_\_

ORIENTATION COMPLETE: ( ) YES ( ) NO  
RECOMMENDATIONS PREVENTION/FOLLOWUP: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

HART COUNTY  
EMPLOYEE  
INCIDENT REPORT FOLLOW UP

Number

0 P 2

DATE INCIDENT IDENTIFIED: \_\_\_\_\_ IDENTIFIED BY: \_\_\_\_\_

NATURE OF INCIDENT: \_\_\_\_\_

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DATE: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

EVALUATION OF INCIDENT

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DATE: \_\_\_\_\_ EVALUATED BY: \_\_\_\_\_

ACTION TAKEN

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DATE: \_\_\_\_\_ ACTION TAKEN BY: \_\_\_\_\_

REPORTED TO: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

DATE TO FOLLOW UP: \_\_\_\_\_ FOLLOW UP BY: \_\_\_\_\_

METHOD TO BE USED TO FOLLOW-UP: \_\_\_\_\_

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